

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2011
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVENUE NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	Initial Comments An annual licensure survey was conducted on February 2, 2011, to determine compliance with Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on record reviews, observation and interviews. The sample size was (2) resident records based on a census of seventeen (17) residents and two(2) employee records based on a census of fifteen (15) employees. The facility was found to be in substantial compliance at the time of this inspection.	R 000			

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 1